Tse'yaato' High School Coconino County Regional Accommodation School District School Year 2005-2006

Application for Enrollment

Applicant Information

Name				Today	's Date		
First	Middle	L	ast	,			
Mailing Address					Male] Female	
	City	State	Zip				
Home Phone:	· · · · · · · · · · · · · · · · · · ·	Pa	rent's Work Phone:				
Date of Birth	State of Birth _			Country of Birth			
Social Security Number:		Desired Date of Entrance:					
Ethnic Group: White	Hispanic _	Black□	American Indian	Asi	ian/Pacific Is	lander 🗌	
Last School Attended							
Name of School			Phone _				
Address							
Street		City		State	Z	ip	
Grade Last Attended	Y	ear Attended			SAIS Number		
Date of Withdrawal		Reaso	on aving				
 Has student ever been reta Has the student ever re Does the student have If yes, which school dis 	eceived specia a current IEP	If Yes, Which Il education serv YES NO	n Grade? vices? YES[] NO[_]				
OFFICE USE ONLY							
ENTRY DATE			ENTRY CODE				
EMERGENCY INFORMA							
In case of emergency, plea	se contact:	NAM	E		F	PHONE	
Relationship:							

Parent/Guardian Information

Father/Guardian Name	Mother/Guardian Nam	Mother/Guardian Name	
Home Address	Home Address		
City, State, Zip Code	City, State, Zip Code		
Home Phone	Home Phone		
Cell Phone	Cell Phone		
Occupation	Occupation		
Company	Company		
Business Phone	Business Phone		
In case of Emergency contact (or	ther than parent or Guardian):	_	
Name	Relationship		
Address:			
Business Phone	Home Phone	Cell Phone	
Mother Father Guardian	oondence such as grades, progress reports etc.? Other (Please specify)		
· · ·			
Parent Signature			

Home Language Survey

The Arizona State Board of Education requires schools to determine the language spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this requirement is requested. Please answer the following questions. Thank you for participating in the student's education.

Name of Student:	Age:	_ Male
1. Which language did the student learn whe	n first beginning to talk?	
2. What language did the student most frequ	ently use at home?	
3. What language do you use most frequentl	y to speak to the student?	
4. What is the language most often spoken b	y the adults at home?	
5. Are there any other languages spoken at h	nome? Yes No. By	whom?
6. Check language(s) spoken at home:		
A. English		
B. Navajo		
C. Spanish		
D. Other	_	
SIGNATURE OF PARENT/GUARDIAN	Date	

Tse'yaato' High School P.O. Box 3477 Page, AZ 86040 Telephone: (928) 608-6021

Fax: (928) 608-6026

Permission to Obtain Educational Records

I hereby authorize	
School Name	e/Address/Phone/Fax
to release any and all medical, educational, language reports and/or records pertaining to:	psychological, sociological, and speech and
STUDENT NAME	DATE OF BIRTH
This information is needed by the profession this student and will be held in confidence by the	•
SIGNATURE OF PARENT/GUARDIAN	DATE
Permission to Release	Educational Records
I hereby authorize Coconino County Regional A	Accommodation School District to furnish
educational records to:	
SC	CHOOL NAME
It is understood that this information is confiden	tial and will be treated accordingly.
SIGNATURE OF PARENT/GUARDIAN	DATE